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	<u> </u>	ve the fall name of the		JAMES W. McCORM. By:	
	in this actio			00	DEP CLERK
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				HOY	
		ve the full name of the	defendant(s)		
	in this acti				
		evious Lawsuits Have you begun other	r lawsuits in state or federal (court dealing with the	same
		facts involved in this			
		Yes	No _		
	b .	including the exact r	a" is "Yes", describe each l plaintiff name or alias used.	(If there is more than	an one
		lawsuit, describe the same outline.)	additional lawsuits on anoth	er piece of paper, us	ing the
		1. Parties to this lav	Vsuit		
		Plaintiffs:			
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		Defendants:	This case assigned to C and to Magistrate Judg		<u>ng_</u>
in take the figure in Asset		2 Court (if federal	court, name the district, if st	ote name the sound.	
				ic, name me county).	
			. No		
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V)		5:055:0-100177; ill (for example: Was the case dismissed? Was it appealed? Is it still pending?): No
		6. Approximate date of filing lawsuit: Νσ
		7. Approximate date of disposition: Na
	П,	Place of Present Confinement: \(\hat{\mathcal{\pi}}\) \(\omega\)
	III	There is a prisoner grievance procedure in the Arkansas Department of
	feder	chions. Father to complete the grisvance procedure may affect your case in all court.
		a. Did you present the facts relating to your complaint in the state prisoner grievance procedure?
		Yes/No
		b. If your answer is "yes", attached copies evidencing completion of the final step of the grievance appeal procedure. FAILURE TO ATTACH THE REQUIRED COPIES MAY RESULT IN THE DISMISSAL OF YOUR COMPLAINT.
		c. If your answer is "no", explain why not:
	IV.	
		Parties
		(In item "a" below, place your name in the first blank and place your present address in the second blank.
		a. Name of Plaintiff <u>DARIN</u>
		Address: USM, P.O.BOX400 B-FAW AFK 71644-0401
		Name of Plaintiff.
	to the world by a track	Address:

Case 5:05-cv-00177-lil-hameconnibendefendant in the 106/13/05anP, and pis address (In item "b" below, place the null hame of employment in the third blank, and pissasses position in the second blank, his place of employment in the first blank, and place of employment in the second blank, his place of employment in the second blank is placed by the second blank is in the fourth blank.) IR GolAt Defendant: Place of Employment: APC Bruchal's Position: Address: CAST ACK REGUNAT PILBINISO Brickey Pur & Defendant: CA Place of Employment: <u>CeN+TA</u> BNX8707 PENCBIUH AIK 7/11/-8707 Defendant: RAU HABB'S Place of Employment. CENTIAL OFFICE OT BENUBIUP + ARK 71647670 Position. Place of Employment: A FACE REQUIRE Bricky & AM

7-JLH Document 2	

Ъ.

(In item "b" below, place the <u>full</u> name of the defendant in the first blank, his official position in the second blank, his place of employment in the third blank, and his address in the fourth blank.)

Defendant: MS, CKAWFor V
Position: WICC
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Defendant: MSW. VACBOURST
Position: KA
Place of Employment: LCN+YA 1 1+1ic
Address: POBOX 2707 PONCBIUFF ACK PKIL-8717
Defendant: MST. COMPTON
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	Case 5:0	5- cv-00177-JLH Document 2 Filed 06/13/05 Page 5 of 33
	(In item "b" position in t in the fourth	below, place the <u>full</u> name of the defendant in the first blank, his official he second blank, his place of employment in the third blank, and his address blank.)
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		Defendant: MKANISANICS
		Position: ASSIFUATORN
		Place of Employment: Bricky JUNG ADC
		Address: EAST Arklequilt P.O. Box 181 Brickey 27373
		Defendant: MREWILLAM
		Position: MAJIM
		Place of Employment: ADC Bricky SUNIT
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		Defendant: NK SANDOS
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Defendant: MRX MOBKY	241 ,
Position: Dr	
Place of Employment: [CN4/A/Office	
Address: P.O. BOX 8707 PLYE Bluff Ark	507 V
Defendant: 192, WAISON	-8/1
Position: PSS? WATDEW	
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Address: P.O. BOX \$ 808 18 CKCY SAVR	
72329	

Case 5:05-cv-00177-JLH Document 2 Filed 06/13/05 Page 6 of 33

	State here as briefly as possible the <u>facts</u> of your case. Describe how each defendant is involved. Include also the names of other persons involved, dates, and places. Do not give any legal arguments or cite any cases or statutes. It you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. (Use as much space as you need. Attach extra sheets if
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	State briefly exactly what you want the court to do for you. Make no legal arguments. Cite no cases or statutes.
	400,000 AND for my PAIN
	<u>AND SufferTNS</u>
	I declare under penalty of perjury (18 U.S.C. § 1621) that the foregoing is true and correct.
	Executed this <u>SUN</u> day of <u>FAN</u> , 20 <u>25</u> .
当 100 年 1 元 - 元 市 1	Signature(s) of Plaintiff(s)

V. Casedencer Colliny-JLH Document 2 Filed 06/13/05 Page 7 of 33

Case 5:05-cv-00177-JLH Document 2 Filed 06/13/05 Page 8 of 33 GRIEVANCE ACKNOWLEDGEMENT

TO: Inmate Rone, Darren

ADC #: <u>120531A</u>

FROM: Hattaway, Judy C

TITLE: Grievance Officer

RE: Notification of Grievance Received.

GRIEVANCE #: VSM05-01203

DATE: <u>06/03/2005</u>

Please be advised, I have received your Grievance dated 06/02/2005 on 06/03/2005

You will receive communication from this office regarding the Grievance by 07/01/2005

Signature of Grievance Officer/ARO

CHOOSE ONE OF THE FOLLOWING

- This Grievance is of a medical nature and has been forwarded to the infirmary staff.
- O This Grievance has been determined to be an emergency situation, as you so indicated. Action Taken:

This Grievance has been determined to not be an emergency situation because you would not be subject to a substantial risk of personal injury or other serious irreparable harm. Your Grievance will be processed as a Non-Emergency.

Warden/Center Supervisor's Signature

Deputy/Assistant Director or Director's Signature

IGTT400

Page 1 of 2

INFORMAL RESOLUTION FORM (Attachment 1) UNITICENTER . J'S PLEASEPRINT Name. ADC# //ASS/ Brks #CASJUdb Assignment AS THIS AN EMERGENCA SHUATION? YES WAND WE AIT YES, Why? SAME AND AN THEIRE YES YOU THAY BY THE DESIGNATED THE PROBLEM STATE OF THE PROBLEM OF THE mergency reversions of the ghe Give a <u>BRIEF</u> statement of involved and now <u>you</u>t were complaint/concern. Anis statement must be specific as to the complaint, <u>dates</u>, places, personnel teg., <u>One lesue</u> or intigion per complaint form g/dditional pages of forms <u>will not</u> be allowed. £ KCONTONE (DN SACANI hilderitä liintiikse is in a secretar and a content of the constant ्रकृष्ट्रभी सेर्ट देश से का स्थापन १००० । १००० । १००० । १००० । १००० । १००० । Hill Carley Sant computer Mile Vēsaibjastaustiedzīvo organiejo /หรือรู้ (ก็สังสะวันกับเรื่อง และกับเรื่อง การเกิดสังเกิด Confile Control (1927) (2 1920) (2 1914) (1914) (1914) (1914) (1914) VERSIERLIS CONCENTRATION <u> 18 ja kang pang panggan panggan panggan panggan kanggan kanggan panggan pang</u>

Case 5:05-cv-00177-JLH Document 2/ Filed 06/13/05 Rage 10 of 33

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810-00

INFORMAL RESOLUTION FORM (Attachment 1) UNIT/CENTER PLEASE PRINT ADC# / Brks 5 Job Assignment IS THIS AN EMERGENCY SITUATION? YES / NO ___ If yes, why? (An emergency situation is one in which you may be subject to a substantial risk or physical harm. It should not be declared for ordinary problems that are not of a serious nature.) If you marked yes, you may give this completed form to the designated problem solving staff, who will sign the attached emergency receipt. You will be given a copy of this receipt by the designated problem-solving staff. REPRISALS: If you are harmed or threatened because of your use of the grievance form, report it immediately to the Warden. Give a BRIEF statement of your complaint/concern. This statement must be specific as to the complaint, dates, places, personnel involved and how you were affected. One issue or incident per complaint form. Additional pages or forms will not be allowed. rmale bianature THIS SECTION TO BE FILLED OUT BY STAFF ONLY STAFF RECEIPT AND ACTION TAKEN: eemed an emergency to the control of the enseraledons elkera core solve combo sina a me ហ្វែកគ្រា រាងនៅ enticipe operation (canadateristic) Mar ben a feranden. Lecalitic Communications

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810-00

(AFTER COMPLETION) PINK - Problem Solver Copy

Case 5:05-cv-00177-JLH Document 2/ Filed 06/13/05 Page 11 of 33

GRIEVANCE FORM - (Att	v-00177-JLH Document 2 Filed 00 achment 4A)	FOR OFFICE USE ONLY
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Arkansas Department of Correction

P.O. Box 8707
Pine Bluff, Arkansas 71611-8707
Phone: (870) 267-6999
Fax: (870) 267-6258
www.state.ar.us/doc

Memorandum

TO:

Darren Rone, ADC #120531 - Varner Super Max Unit

FROM:

Mrs. Dempton, Inmate Grievance Supervisor

RE:

Yellow Copy of Grievance

DATE:

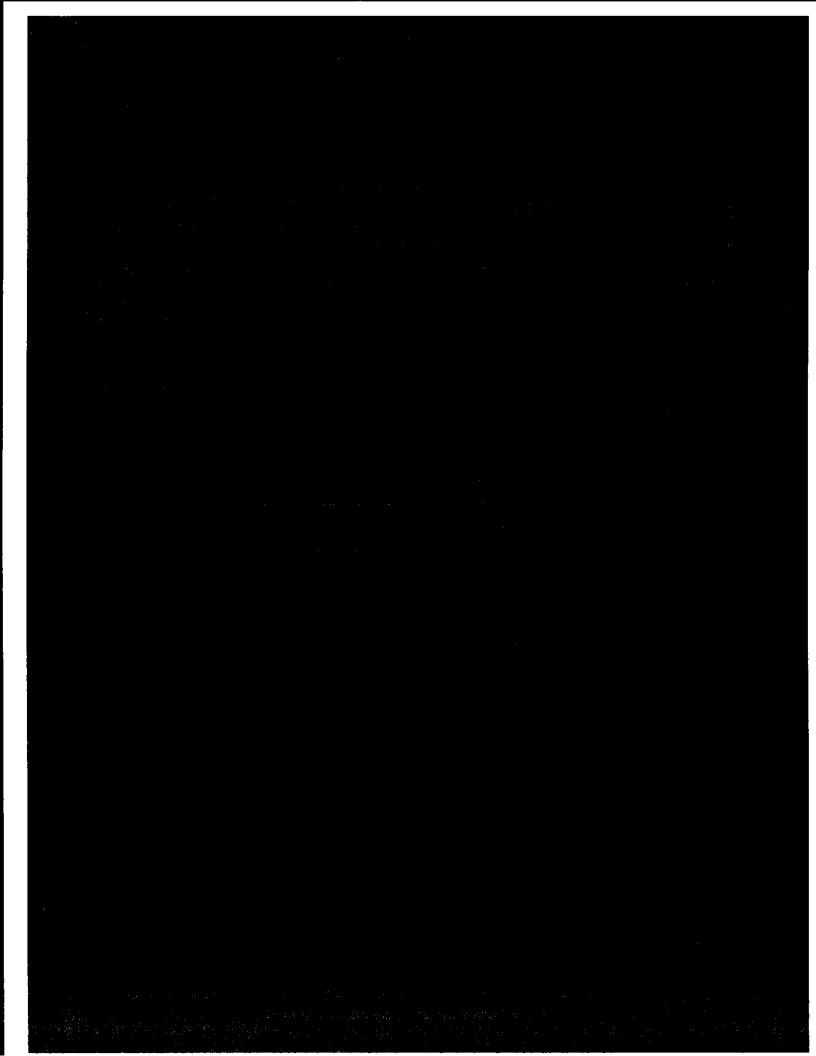
May 20, 2005

This is to acknowledge receipt of your Yellow Copy of your Grievance, which was received in my office on April 05, 2005 dated 3-15-05. Please be advised that time restraints and other job duties have prevented an earlier response.

Your Yellow Copy of your Grievance is being returned to you due to your failure to follow the proper Inmate Grievance Procedure according to Administrative Directive #04-01 & Administrative Regulation #835. Policy states that the original Attachments are to be sent on Appeal, not the yellow copy. To be able to respond to your grieved concerns properly as well as effectively, I need all required and necessary Attachments (Attachment I, Attachment IA & Attachment II). You only sent your Yellow Copy of Attachment IA and not the originals as required by policy nor Attachment I or the Warden/Center Supervisor Decision. Your document is therefore being returned to your without action due to your failure to follow policies and procedures.

After you send me all of the necessary and required Attachments, I then can respond to your grieved concerns.

*A breakdown of the steps of AD #04-01 is attached to this memo.



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Case 54 INFORMAL RESOLL UNIT/CENTER / C PLEASE PRINT Name 14 A A AN IS THIS AN EMERGENCE 177. IN CAR C. 15.7	ratuations yes	nment 1		2.17/. 1.44	de la compa
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Case 5:05-cv-00177-JLH Docume GRIEVANCE FORM - (Attachment 1A) UNIT/CENTER	ent 2 Filed 06/13/05 Page 18 of 33 FOR OFFICE USE ONLY GIV. # Date Received
SECURITY SEC	Grievance Code: DC# 1253 Brks 5-68 Job Assignment
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OFFICER (Please Print) Brace MSCOWAR	RGENCY SITUATIONS Signature ADC#/20 53/
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Case 5:05-cv-00177-JLH Document 2 Filed 06/13/05 Page 23 of 33 INFORMAL RESOLUTION FORM (Attachment 1) UNIT/CENTER 14 ADC# 2007 Brks 200 Job Assignment IS THIS AN EMERGENCY BITUATION? YES 🗸 NO If yes, why? 1 1 1 1 An embracing stration is one in which you may be subject to a substantial risk or physical harm. It should not be declared for ordinary problems that are not of a serious nature.) If you marked yes, you may give this completed form to the designated problem solving staff, who will sign the attached emergency receipt. You will be given a copy of this receipt by the designated problem solving staff. REPRISALS: If you are harmed or threatened because of your use of the grievance form, report it immediately to the Warden. Give a BRIEF statement of your complaint/concern. This statement must be specific as to the complaint, dates, places, personnel unvolved and how you were affected. One issue or incident per complaint form. Additional pages or farms will not be allowed. Procession and the procession of the contraction of Transferenceira particular dien afaken រស់នេះ ប្រព័ត្ធប្រព័ត្**ទស់**ខែនៅក្នុងស តិស៊ីត្រី ទី ប៉ុន្តែ ្រីក្រុង និក្រុះ ស្រី ស៊ីនិងនៅមេដាយ៉ានីទីទើបអ្នក្សីទី មាន ិស្សាទាស់ទេកាន់ក្រុង ទាស់ខ្លាំ**ខេត្តទស្សា**ន ស្នើស្រាប់ប្រើសារប្រជាជន នេះបាន នេះ

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Case 5:05-cv-00177-JLH Document 2 Filed 06/13/05 Page 29 of 33 INFORMAL RESOLUTION FORM (Attachment 1) UNIT/CENTER PLEASE PRINT Name erikaran maarika **ADC#** Brks - * Job Assignment IS THIS AN EMERGENCY SITUATION? YES (An emergency situation is one in which you may be subject to a substantial risk or physical harm. It should not be declared for ordinary problems that are not of a serious nature.) If you marked yes, you may give this completed form to the designated problem solving staff, who will sign the attached emergency receipt. You will be given a copy of this receipt by the designated problem-solving staff. REPRISALS. If you are harmed or threatened because of your use of the grievance form, report it immediately to the Warden. Give a <u>BRIEF</u> statement of your complaint/concern. This statement must be specific as to the complaint, <u>dates, places, personnel</u> involved and how <u>you</u> were affected. <u>One issue</u> or incident per complaint form, Additional pages of forms will not be allowed. lanaié Simaline (🔊 HANGEOR ON ROLL STATE OF THE TOTAL STATE OF THE STATE RECEIP : AND A CHRON BOYCEN. និទីស្រែកការ alia accessor delet Vaerdierdeemieden semengen Versilence ដែលដែលប្រាស់ Carried of the filter of the control and an entire VEG ESTRETATORA

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Arkansas Department of Correction

EAST ARKANSAS REGIONAL

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DISCIPLINARY HEARING ACTION

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F-831-3

Arkansas Department of Correction

EAST ARKANSAS REGIONAL Unit

DISCIPLINARY HEARING ACTION

Inmate	JARREN	ADC #		_03/18/2005 Date	
Evidence Relied U 1 F-1 STATES THAT 1 LANGUAGE TO S	Pon: FINMATE STABBED STAFF WITH A HON TAFF, USED DANGEROUS PHYSICAL FO	ÆMADE KNIFE (RCE AND ASSAL	SHANK) WAS INS ILTED STAFF	SOLENT AND USED ABI	JSIVE .
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ORIGINAL — File COPY — Inmate

GRIEVANCE ACKNOWLEDGEMENT

TO: Inmate Rone, Darren

ADC #: 120531A

FROM: Rochelle, Tammy K

TITLE: Grievance Officer

RE: Notification of Grievance Received.

GRIEVANCE #: VSM05-01221

DATE: 06/06/2005

Please be advised, I have received your Grievance dated 06/03/2005 on 06/06/2005

You will receive communication from this office regarding the Grievance by 07/05/2005

J. Rock DO.

Signature of Grievance Officer/ARO

CHOOSE ONE OF THE FOLLOWING

This Grievance is of a medical nature and has been forwarded to the infirmary staff.

distribute de Algorithma e e encolonista e

- O This Grievance has been determined to be an emergency situation, as you so indicated.
- This Grievance has been determined to not be an emergency situation because you would not be
 - O subject to a substantial risk of personal injury or other serious irreparable harm. Your Grievance will be processed as a Non-Emergency.

Manister OR To the Wall

Wardern Center Supervisors

Signature